

EX # 15

## INMATE'S REQUEST TO STAFF MEMBER

Department of Corrections

## INSTRUCTIONS

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer)  
L - BLK STANIS U/M PALMER

3. By: (Print Inmate Name and Number)  
T. MONTANA BELL #LD5447

*[Signature]*

Inmate Signature

2. Date: 11/3/22

4. Counselor's Name:

5. Unit Manager's Name:

6. Work Assignment

7. Housing Assignment

JD-7

8. Subject: State your request completely but briefly. Give details.

ON PAGE 3 OF THE STANIS HANDBOOK STATES THAT PHASE 5 IS 60 DAYS. HOWEVER, YALL HELD ME ON SUCH FOR 12 MONTHS INSTEAD. I'M NOW STANIS FAILURE AND CURRENTLY ON A/C STATUS, SO CAN I HAVE MY A/C PRIVILEGES IN ACCORDS WITH DC ADM 802? (PHONE CALLS, COMMISSARY FOOD, KEOSK/TABLET/EMAIL ACCESS, ETC.) MRS. JENA WALKER KEEP ADVISING ME TO ASK YOU.

I'LL AWAIT YOUR TIMELY RESPONSE.

Thank you

*[Signature]*

Response to Inmate Request for Staff Response

YOU WILL REMAIN IN PHASE 5. PENDING FAILURE YOU HAVE REFUSED THE PROGRAM AND 30 DAY / PRC REVIEWS. THIS DOES NOT SUPPORT ADMCCMCO

To DC-14 CAR only ☐

To DC-14 CAR and DC-15 IRS ☐

STAFF MEMBER NAME

RIDDE

Print

*[Signature]*

Signature

DATE